



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1188

**DATE:** November 27, 2012

**TO:** Iowa Medicaid Home and Community Based Services (HCBS) Providers

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** 2012 Provider Quality Management Self-Assessment

The Home and Community Based Services (HCBS) Provider Quality Management Self-Assessment process was developed as one way for the state to gather data to support the quality framework performance measures as required by the Centers for Medicare and Medicaid Services (CMS). The provider self-assessment process mirrors a CMS review process by requiring waiver providers to develop a quality improvement system of monitoring their own performance and then “showing” the state how it provides quality oversight.

The first step in the provider self-assessment process is to identify a core set of policies and procedures for all waiver providers based on the services they provide. The policies and procedures are the foundation of a provider’s performance and guide them on the provision of waiver services. The state has identified a minimal set of policies and procedures based on the CMS assurances, Iowa Administrative Code requirements, laws found in the Iowa Code, federal regulations and best practices identified through previous quality oversight activities of HCBS providers. The provider self-assessment requires a provider to initially identify the applicable policies and procedures that have been established by the agency to ensure compliance with laws, rules, regulations, and best practice. A provider may also identify any of the identified policies in the self-assessment that are not applicable to their daily operations.

Once the core policies and procedures have been established by a provider, the HCBS Quality Oversight staff utilizes four methods of discovery to verify the implementation of a provider’s quality performance activities: 1) annual self- assessment; 2) targeted review; 3) focused review; and, 4) periodic review. These reviews may be completed via a desk review or onsite.

The *2012 Provider Quality Management Self-Assessment* reflects this process as well as information obtained from provider input. The focus of the *2012 Provider Quality Management Self-Assessment* and review process is to assist providers in regulatory compliance and quality improvement.

This system of provider oversight is required of all Medicaid providers of the following Home and Community Based Services:

- AIDS/HIV Waiver: agency Consumer Directed Attendant Care (CDAC) , respite, adult day care
- Brain Injury Waiver: behavior programming, agency CDAC, respite, supported community living (SCL), supported employment, prevocational, Interim Medical Monitoring and Treatment (IMMT), adult day care, family counseling and training
- Children's Mental Health Waiver: family and community support services, in-home family therapy, respite
- Elderly Waiver: agency CDAC (including Assisted Living providers), respite, adult day care, case management (including those that are Chapter 24-accredited)
- Intellectual Disability Waiver: agency CDAC, respite, SCL, supported employment, prevocational, IMMT, adult day care, day habilitation, residential-based supported community living (RBSCCL)
- Ill and Handicapped Waiver: respite, agency CDAC, IMMT, adult day care
- Physical Disability Waiver: agency CDAC
- Habilitation Services: day habilitation, home-based habilitation, prevocational habilitation, supported employment habilitation

### **Instructions for Self-Assessment Completion**

The *2012 Provider Quality Management Self-Assessment* can be found at:

<http://www.ime.state.ia.us/hcbs/ReviewTools.html> . Each provider must download the assessment from this site and save it as a word document. Each provider will complete only one self-assessment for the HCBS waivers and Habilitation services they provide, regardless of the number of office locations or services provided. The completed self-assessment must be received by the IME by February 1, 2013. All sections of the self-assessment must be completed in their entirety. Please read the self assessment instructions carefully.

The responses selected for each of the requirements should accurately reflect the policies currently in place. Selecting "yes" to each of the indicators listed for a requirement indicates the provider has a current policy that incorporates/identifies each of the indicators listed. If selecting "no" as a response to an indicator, the provider must identify their plan to incorporate the indicator into their policies. Incomplete self-assessments (including Section E) will not be accepted.

### **Section F – Direct Support Professional Workforce Data Collection**

For the second year, the IME is requesting information from providers to collect data on the workforce providing waiver services in cooperation with the Iowa Department of Public Health and the Iowa Direct Care Worker Advisory Council. The data collected from the Direct Care Workforce Data Collection component of the self-assessment is required to fulfill a request by the Iowa General Assembly related to the size and composition of the direct care workforce. Cooperation in this process is greatly appreciated.

Please follow the instructions contained in Section F including independent contractors with whom you contract, as well as employees who work for your agency.

**New in 2012:**

Providers enrolled to provide case management services under the Elderly Waiver must submit the self-assessment, even if they are Chapter 24 accredited.

**Section E- Guarantee of Accuracy**

Beginning this year, providers are being asked to submit information on their standing with the Iowa Secretary of State Office and national accreditation status. All enrolled providers are required to maintain an active business entity status as defined by the Iowa Secretary of State Office. In addition, it is extremely important that enrolled providers maintain active licensure, accreditation, and certification. Providers must include evidence of maintenance of active licensure, accreditation, and certification during submission of the self-assessment to be considered complete. If your organization received less than a three year accreditation, the review results and corrective action plan must accompany the completed *2012 Provider Quality Management Self-Assessment*.

**New Submission Information:**

After completing the self-assessment, please print, sign and submit the document in its entirety, including any required supporting documentation. **Incomplete self assessments will not be accepted.** If mailing, please ensure the document is free of staples and paperclips. Documents with highlights will not be accepted.

*Please submit the **2012 Provider Quality Management Self-Assessment** to the address identified below:*

**Iowa Medicaid Enterprise  
HCBS Unit  
P.O. Box 36330  
Des Moines, IA 50315  
Fax: 515-725-3536 (preferred)**

The HCBS Quality Oversight staff will confirm receipt of the above materials. If an incomplete assessment is submitted, the provider will be notified and a completed self-assessment shall be submitted no later than February 1, 2013. If an agency or HCBS Specialist identifies corrective action is needed, it is the agency's responsibility to develop the corrective action plan; however, technical assistance may be requested from the HCBS Specialist assigned to the agency.

Questions about this letter and/or completion of the self-assessment document should be directed to the HCBS Specialist assigned to the county where the parent agency is located. To locate a list of the regional specialists by county, visit:  
<http://www.ime.state.ia.us/HCBS/HCBSContacts.html> and click on "HCBS Specialists Regions."

A webinar will be conducted by HCBS Quality Oversight staff on Tuesday, December 11, 2012, from 1:00-2:00 pm to further outline the updates to the *2012 Provider Quality Management Self-Assessment* and expectations for submission. Reserve your Webinar seat now at: <https://www2.gotomeeting.com/register/579410338>.